Approved at Board Meeting 12 October 2026

Ayrshire and Arran NHS Board
Minute of meeting held in public on Monday 10 August 2026, Common Rooms, University Hospital Ayr

NHS Ayrshire & Arran

Present:	Non-Executive members:	
	Lesley Bowie	Board Chair
	Linda Semple	Board Vice Chair
	Marie Burns	
	Sukhomoy Das	
	Jean Ford	
	Liam Gallacher	
	Ewing Hope	
	Sharon Morrow	
	Neil McAleese	
	Lee Lyons	
	Douglas Reid	Arrived 9.50am
	Joyce White	
	Executive members:	
	Prof Gordon James	Chief Executive
	Crawford McGuffie	Medical Director
	Lynne McNiven	Director of Public Health
	David Stonehouse	Interim Director of Finance
	Jennifer Wilson	Nurse Director
In attendance:	Vicki Campbell	Director of Acute Services
	Kirstin Dickson	Director of Transformation & Sustainability
	Nicola Graham	Director of Infrastructure and Support Services
	Sarah Leslie	Director of People, Safety & Culture
	Mark Inglis	Director of Health and Social Care, South Ayrshire
	Erik Sutherland	Interim Director of Health and Social Care, East Ayrshire
	Thelma Bowers	Head of Mental Health Services, Health and Social Care, North Ayrshire
	Shona McCulloch	Head of Corporate Governance
	Moira Woolway	Corporate Support Officer
	Margaret Weir	Head of Office, Chair and Chief Executive)

1. Apologies

Apologies were noted from Sheila Cowan, Caroline Cameron, Marc Mazucco, Tom Hopkins, Lee Lyons

2. Declaration of interests (083/2026)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 8 June 2026 (084/2026)

The minute was approved as an accurate record of the discussion.

4. Matters arising (085/2026)

Paper 2 - Action Log
The Board action log was circulated to Board Members in advance of the meeting with progress against actions and future reporting dates noted.

Action 030/26 - This relates to the final year of the contract payment for Symphony IT System in Emergency Department which caused an overlap in the recurring/non-recurring cost. The Interim Director of Finance, David Stonehouse will provide an update to Tom Hopkins, and this action can be closed.

Action 063/25 – The updated Performance Management Report (PMR) is included in today's Board papers. Action closed.

Action 032/25 – Neurodevelopmental Child and Adolescent Mental Health Services (Neuro CAMHS) business case update is on track to come to October Board meeting.

5. Patient story (086/2026)

5.1 The Board Chair welcomed Jennifer Wilson, Nurse Director, who introduced *Ruby's Story*, a patient experience video highlighting the NHS Ayrshire & Arran Youth Volunteering Programme.

The Board viewed the video presentation which demonstrated the positive impact of volunteering through Ruby's experience, exploring a potential future career in nursing. Ruby reflected on the benefits of volunteering for young people, including the development of skills, confidence, and insight into healthcare careers. The story also demonstrated how volunteers contribute positively to patient experience, support staff, and help develop the future healthcare workforce.

Members welcomed the presentation and commended the Youth Volunteering Programme for its contribution to service delivery and workforce development. In discussion, Members sought assurance regarding the arrangements in place to recognise and celebrate the contribution of young volunteers. Assurance was provided that youth volunteer recognition is embedded within the Board's annual volunteer awards programme and is further supported through initiatives such as the Duke of Edinburgh Award scheme and other development opportunities.

Members highlighted the importance of strategic partnerships in supporting and expanding youth volunteering opportunities and discussed opportunities to strengthen engagement with local authorities. The Director of People, Safety & Culture, Sarah Leslie advised that both before and after the COVID-19 pandemic partnerships with organisations such as The King's Trust, educational establishments and third sector providers have historically provided valuable pathways into education, volunteering and healthcare careers, and continue to support recruitment and development opportunities for young people.

Outcome: The Board welcomed Ruby's Story and commended the significant contribution of the Youth volunteering Service.

6. Board Chair and Chief Executive reports

6.1 Board Chair's report (087/2026)

The Board Chair, Lesley Bowie provided an update on recent visits, meetings and national engagement activities undertaken since the previous Board meeting. The update included activities attended by the Chair, alongside the Chief Executive, Nurse Director and Medical Director, reflecting continued leadership engagement with staff, services, stakeholders and national partners across a range of settings.

16 June – Visit to Woodland View
The visit included the Mental Health Assessment Hub and Ward 5. It was a particularly interesting visit which highlighted the positive work taking place across mental health services. The Chair commented on the sense of calm throughout the environment and the therapeutic atmosphere within the ward areas. During the visit, she saw patients taking part in activities such as gardening, demonstrating the importance of recovery-focused care and the positive impact these services have on individuals and families.

30 June – University Hospital Crosshouse Hospital Volunteer AGM (Silver Jubilee Year)
Both the Chair and Chief Executive attended the University Hospital Crosshouse (UHC) Volunteer AGM and were delighted to be presented with a cheque for £300,000. This contribution takes the total amount donated by the Volunteer group to NHS Ayrshire & Arran to more than £5.5 million. The meeting also highlighted the considerable effort being made to recruit younger volunteers and ensure the long-term sustainability. UHC Hospital Volunteers continue to make a significant contribution to enhancing the experience of patients across Ayrshire and Arran.

7 July – Leadership Walkround, Theatres, University Hospital Crosshouse
A leadership walkround to theatres at University Hospital Crosshouse provided an opportunity to see first-hand the benefits of the robotic surgery programme. The technology and innovation on display were impressive. The original business case anticipated 500 robotic procedures by year three; however, the service had already significantly exceeded expectations, with more than 1,000 procedures completed at the time of the visit. This represents a notable achievement for the teams involved and demonstrates NHS Ayrshire & Arran's commitment to innovation, service improvement and excellence in patient care.

July – Staff Wellbeing Team Visit
A visit to the Staff Wellbeing Team provided a valuable opportunity to hear directly about the support available to colleagues and to gain a better understanding of the challenges facing the service. The discussion reinforced the importance of prioritising staff wellbeing across the organisation, and regular engagement sessions have now been built into the leadership calendar to maintain visibility of workforce needs and support ongoing improvement.

3 August – Cabinet Secretary Visit to University Hospital Crosshouse
The Chair, Chief Executive, Nurse Director, Medical Director and Director of Acute Services, met with the new Cabinet Secretary for Health during a focused visit to

University Hospital Crosshouse. Discussions centred on ambulance waiting times, pressures within the Emergency Department and improving whole-system flow. The Cabinet Secretary was also given the opportunity to hear directly from colleagues about the challenges associated with delayed discharge and the impact this can have on patient care. The visit provided an opportunity to highlight both the challenges currently being faced and the ongoing work to improve services for patients.

4 August – Ministerial Visit to Maternity Services, University Hospital Crosshouse
Alongside the Board Chair, Chief Executive, Nurse Director and Medical Director, colleagues attended a visit by Maree Todd, Minister for Social Care, Mental Wellbeing and Sport, to maternity services at University Hospital Crosshouse. The visit celebrated 30 years of the UNICEF Baby Friendly Initiative, 20 years of care within Ayrshire Maternity Unit and the achievement of the Baby Friendly Gold Award. This was an excellent opportunity to recognise the dedication and commitment of maternity colleagues and celebrate an important national achievement.

6 August – Leadership Walkround, Ophthalmology, University Hospital Ayr
A visit to the Ophthalmology Service at University Hospital Ayr provided an opportunity to see first-hand the range and scale of care being delivered, while discussing current challenges and future ambitions for the service, including pressures within the macular pathway. During the visit, it was noted that the service had delivered more than 13,000 new outpatient appointments and over 39,000 review appointments. While acknowledging the ongoing pressures faced by the service, the visit highlighted the significant volume of care being provided and the team's continued commitment to improving outcomes and experiences for patients.

Board Chairs Meeting and Development Session
Lesley Bowie attended the national Board Chairs meeting, which included discussions with the new Cabinet Secretary focused on access to care. Board Chairs also reviewed governance arrangements, including terms of reference and appointments to national groups. The Chair additionally participated in a Chair and Chief Executive development session, supporting ongoing leadership development and sharing of good practice across NHS Scotland.

Non-Executive Board Member Recruitment
An update was provided on current and upcoming Non-Executive Board Member vacancies. Interest in the recent recruitment campaign has been extremely encouraging, with more than 60 people attending an "Ask Me Anything" session, 47 applications submitted and several follow-up enquiries received. The Chair expressed her appreciation for the level of interest shown in supporting NHS Ayrshire & Arran through public service.

6.2 Chief Executive's report (088/2026)

The Board welcomed an update from The Chief Executive, Gordon James highlighting key areas of activity since the previous meeting:

8 June – Public Sector Reform Event
Participation in a public sector reform event hosted by the First Minister alongside national leaders and trade union representatives. Discussions focused on the

Scottish Government's 100-day plan following the election, with priorities including public health improvement, planned care and whole-system flow. Gordon also attended the national Board Chief Executives meeting during the same period, where similar themes were discussed. NHS Ayrshire & Arran's work at Woodland View and the Mental Health Assessment Hub was highlighted as an example of good practice, with recognition of the organisation's leading role in providing urgent mental health support.

June – Strategic Area Local Resilience Partnership (SALRP)
The Chief Executive chaired the Strategic Area Local Resilience Partnership, contributing to national leadership discussions and partnership working across Scotland.

17 June – Learning and Development Visit
A visit to the Training Centre provided an opportunity to meet with the Learning and Development Team to hear more about vocational qualifications and Modern Apprenticeship programmes. The visit highlighted the important role these programmes play in developing the future workforce and supporting career development opportunities across NHS Ayrshire & Arran.

19 June – Ayrshire Transformation Board
The Ayrshire Transformation Board alongside brought together Council Chief Executives, Chief Officers and professional leaders. Discussions focused on the Right Care Right Place business case and opportunities for greater collaboration and shared services across Ayrshire, supporting wider transformation and integration ambitions.

24 June – Delivering Together for Scotland Event
The national Delivering Together for Scotland event, provided an opportunity for the Chief Executive to engage with colleagues from across Scotland and contribute to discussions on the future direction of health and social care services.

26 June – MSP and MP Engagement Session
A well-attended engagement session was held with local MSPs, and MPs, involving Board Executive and Non-Executive leadership. The positive turnout was welcomed by the Chief Executive, and a programme of future engagement has been established to strengthen relationships with elected representatives and providing opportunities to share progress and challenges across NHS Ayrshire & Arran.

7 July – Leadership Walkround, Theatres, University Hospital Crosshouse
The Chief Executive reflected on the remarkable success of the robotic surgery programme during the leadership walkround at University Hospital Crosshouse. He noted that robotic surgery in Ayrshire has gone from "zero to 1,000" in a relatively short period and is now the second most utilised robotic surgery service in Scotland, behind only the Queen Elizabeth University Hospital. Gordon also highlighted the valuable contribution of colleagues working in advanced practice roles and the strength of multidisciplinary teamwork that has helped drive this success.

13 July – Quality Improvement Conference
The welcome address at the Quality Improvement Conference, *High-Value Healthcare: Improving Quality, Efficiency and Outcomes across NHS Ayrshire & Arran* was delivered by the Chief Executive. The conference showcased a wide

range of quality improvement projects from colleagues across acute, community and corporate services. Gordon commented on the breadth of innovation and improvements being delivered across the organisation and welcomed plans to share highlights more widely with staff.

21 July – Whole System Flow Event
A whole-system event focused on improving flow across health and social care. Discussions considered how partners can work together to deliver sustainable improvements and strengthen a whole-system approach to patient care.

23 July – Royal College Engagement
A meeting with the President of the Royal College of Physicians and Surgeons of Glasgow and colleagues provided an opportunity to discuss shared learning, collaboration and mutual support. The discussion strengthened existing relationships and explored future opportunities for partnership working across a range of areas of mutual interest.

28 July – Ministerial Visits to Community Services
Alongside the Director of South Ayrshire Health & Social Care Partnership, Mark Inglis, a visit was attended by Alison Thewliss MSP, Minister for Community Care visit to the Connect Hub, a partnership between Voluntary Action South Ayrshire (VASA) and South Ayrshire Health and Social Care Partnership. Earlier that day, colleagues attended a visit to Rothesay House in East Ayrshire. The visits provided an opportunity to showcase positive partnership working, innovative service delivery and the impact being achieved for local communities.

3 August – Cabinet Secretary Visit to University Hospital Crosshouse
He attended the Cabinet Secretary for Health and Care, Angela Constance's visit to University Hospital Crosshouse, where discussions focused on key operational pressures and the ongoing work being undertaken to improve flow across the healthcare system.

4 August – Ministerial Visit to Maternity Services, University Hospital Crosshouse
A visit by Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport, to maternity services at University Hospital Crosshouse was attended by the Chief Executive and Executive colleagues. The visit celebrated the achievement of Baby Friendly Gold Award status and recognised significant milestones within maternity services. The visit highlighted the dedication and commitment of colleagues in delivering high-quality care for women, babies and families across Ayrshire and Arran.

6 August – Leadership Walkround, Ophthalmology, University Hospital Ayr
He attended the Ophthalmology leadership walkround, where he heard about both current service pressures and future ambitions. The visit provided an opportunity to recognise the substantial volume of work being undertaken by the team and their continued commitment to delivering safe, effective and person-centred care.

Members welcomed the continued commitment to partnership working with Ayrshire's three local authorities and highlighted the importance of developing local solutions tailored to the needs of Ayrshire and Arran communities. Members also discussed ongoing work relating to Adults with Incapacity, digitisation and

information sharing, with further consideration being given to issues including transport and wider system support arrangements.

7. Performance governance

7.1 Performance governance committee (089/2026)

The Committee Vice Chair, Linda Semple, provided a report on key areas of focus and scrutiny from the meetings held on 30 July and the approved minutes from 1 June and 2 July 2026.

Outcome: Board Members noted the update and minute.

7.2 Performance report (090/2026)

The Director of Transformation and Sustainability, Kirstin Dickson, introduced the Performance Management Report (PMR), which was presented in a revised format. Board were advised that the new format had been considered in detail by the Corporate Management Team on 27 July and the Performance Governance Committee on 30 July. Members were advised that the revised, streamlined format had been positively received.

An update on performance to June 2026 was provided. The Board were advised that May 2026/27 trajectories had not yet been agreed and would be reflected in the next performance report. Continued system pressures impacting delivery against a number of key performance targets were highlighted.

The Director of Acute Services, Vicki Campbell, provided an update on performance for planned, urgent and unscheduled care.

Members were advised that focused action continued across a number of specialties experiencing waiting time pressures, including Rheumatology, ENT, Ophthalmology, Orthopaedics and Gynaecology. Assurance was provided that additional capacity had been introduced, regional support arrangements were being utilised where appropriate, and recovery plans were in place for all patients waiting longest. Members also received assurance that recent MRI capacity issues had been addressed and that recovery trajectories for diagnostics remained on track.

Regarding unscheduled care, members were advised that a detailed review of the recent deterioration in performance had identified increased demand, higher admission rates and the operational impact of the new Emergency Department (ED) system as key contributory factors. Members were advised that performance had improved throughout July 2026, supported by enhanced operational oversight, daily senior clinical and managerial huddles, strengthened partnership working with the Scottish Ambulance Service, and a focused programme of improvement actions. Members were further advised that significant effort continued to reduce delays associated with transfers of care, with daily engagement across partner organisations and a patient-level approach to discharge planning. Early indications suggested these measures were contributing to improvements in patient flow, reduced long waits and enhanced performance within assessment areas.

The Director reported that urgent care standards continued to be achieved; however, significant challenges remained in relation to Emergency Department performance,

patient flow and delayed discharges. In discussion, Members sought assurance regarding the actions being taken to address ongoing capacity pressures across the system. The Director responded that improvement work continued across acute and community services, with a sustained focus on reducing delays, improving patient flow and supporting timely discharge.

In response to a member query regarding routes of attendance to the Emergency Department, members were advised that patient activity is routinely tracked and reported by referral source, including General Practice, the Urgent Care Service and self-presentation. The Director of Acute explained that this intelligence was used to monitor attendance patterns and inform improvement activity. Members further explored the ongoing work with GP practices, GP clusters and the Scottish Ambulance Service to maximise the impact of initiatives such as Call Before Convey and support patients to access the most appropriate care pathway. Members were advised that engagement with partners remains a key element of efforts to reduce avoidable attendances and improve patient flow across the urgent care system.

Urgent care and delayed discharges – East Ayrshire Health and Social Care
The Interim Director of East Ayrshire Health and Social Care Partnership (HSCP), Erik Sutherland, provided an update on performance and activity:

It was reported that a dedicated improvement plan remained in place for Musculoskeletal (MSK) services, supported by strengthened performance management arrangements, workforce planning and the introduction of digital reporting tools. Members were advised that good progress had been made against the improvement plan, with further performance reporting scheduled through the Performance Governance Committee (PGC).

The Board were advised that community services continued to demonstrate strong performance, with many patients receiving support without requiring onward referral to hospital services. Positive progress was also reported in relation to drug and alcohol treatment services, with sustained achievement of waiting time standards and continued improvement against Medication Assisted Treatment (MAT) standards, supported by additional prescribing capacity and recovery-focused initiatives.

In relation to delayed discharges, members were advised that improvement had been seen following the implementation of previously agreed actions and that performance was currently on track against the planned trajectory. The update also highlighted strong performance across urgent care pathways, including Call Before Convey, while work continued with partners to understand and address lower than expected referral volumes. Members were assured that focused improvement activity and enhanced oversight arrangements remained in place across areas of performance challenge.

In discussion, a member sought clarification on whether further performance deep dives were planned through the PGC work programme. Members were advised that the Committee had recently reviewed its schedule of deep dives and had agreed a programme covering key performance areas. It was explained that the programme would remain flexible, to allow emerging issues or areas of deteriorating performance to be escalated for additional scrutiny via PGC.

Delayed discharges - North Ayrshire Health and Social Care
The Head of Mental Health Services, North Ayrshire Health and Social Care Partnership (HSCP), Thelma Bowers provided an update to Board.

Progress was reported in reducing delayed discharges, supported by winter preparedness planning, increased Mental Health Officer capacity and maximised care-at-home provision. Members were advised that recruitment activity continued across key services, although workforce absence remained a challenge within CAMHS nursing teams. The update also highlighted sustained achievement of CAMHS waiting time standards, improvements to access pathways and the use of digital solutions and performance dashboards to support service delivery. While ongoing risks relating to financial sustainability and the delivery of some MAT standards were acknowledged, members were updated that overall performance remained strong and improvement actions continued to be progressed.

Delayed discharges - South Ayrshire Health and Social Care
The Director of South Ayrshire Health and Social Care Partnership, Mark Inglis provided an update.

Members were advised that delayed discharge performance had improved, supported by a range of actions to increase care-at-home capacity, including targeted recruitment, partnership working with education and employability programmes, regular review of care packages, and strengthened discharge planning through the Integrated Discharge Hub. The update also highlighted the opening of intermediate care capacity at Racecourse Road and additional short-term capacity at Biggart Hospital, alongside collaborative work with the British Red Cross and third sector partners to develop community-based support options.

It was reported that addiction services continued to perform strongly against MAT standards, with ongoing work to improve access through primary care, support earlier intervention and reduce future demand on services.

In discussion, a member welcomed the development of micro-enterprise models to support care at home and sought clarification on the role of local authority partners in this work. Mark Inglis explained that close collaboration was underway with the local authority to develop locally based approaches in communities such as Girvan and rural areas. Members discussed the potential to share learning across all three HSCPs, and it was agreed that the approach would be considered further through the Performance Governance Committee.

In closing, the Chair acknowledged the variability in performance but welcomed the range of improvement actions being implemented and looked forward to receiving a further update at the October Board meeting.

Workforce sickness absence
The Director of People, Safety and Culture, Sarah Leslie provided an update on workforce performance. It was reported that Personal Development Review (PDR) and mandatory training compliance remained below target, with management actions in place to support improvement, including protected time for staff to complete training. Members also heard that, while sickness absence had started to improve, long-term absence remained a significant challenge. Additional investment

had been secured to strengthen attendance management and return-to-work support, alongside ongoing recruitment activity to enhance workforce capacity.

In discussing staff experience, the Director outlined that iMatter engagement levels remained positive, although completion of local action plans required further improvement. The Chair emphasised the importance of increasing PDR compliance and sought assurance on the actions being taken to improve uptake. It was agreed that a further update would be provided through the Staff Governance Committee.

A Board member sought further information on quarterly workforce turnover, including greater insight into the reasons staff are leaving the organisation and the proportion of turnover attributable to retirement. Members emphasised the importance of understanding workforce trends to inform retention and recruitment strategies. Sarah Leslie agreed to consider this and provide additional analysis through the appropriate governance route.

The Chief Executive provided assurance as he outlined the significant level of national and local scrutiny currently applied to performance across the whole system, including weekly review arrangements for acute services, whole-system flow, planned care and cancer performance. Members were advised of the strengthened sub-national arrangements across the West of Scotland, with Boards providing mutual support and regular reporting and assurance being provided to the Scottish Government. The Chief Executive advised that appropriate mitigation plans remained in place for areas of risk and performance pressure.

Outcome: **The Board welcomed the revised format Performance Report and were assured by the comprehensive update and actions to address ongoing pressures, noting the improvements in key areas.**

7.3 Financial management report (091/2026)

The Interim Director of Finance, David Stonehouse presented the Board's financial position to end June 2026, noting a Month 3 deficit position of £11.5m, which was £0.3m adverse to plan and a forecast year-end deficit of £45.0m in line with the agreed financial plan.

Members were advised that pressures within Acute Services remained the principal driver of the forecast variance, partially offset by underspends across other areas of the organisation. HSCPs continued to work towards breakeven positions, supported through regular assurance meetings and delivery of agreed savings programmes.

David Stonehouse further reported that this was the first month of formal forecasting against the savings programme, with delivery of approximately £45 million of savings forecast for 2026/27. While some phasing and implementation delays were anticipated and reflected within the forecast, management remained confident that the overall target remained achievable.

Key risks included delivery of the Transfer of Care programme and associated whole-system flow initiatives, including planned acute bed closures by the end of September. David Stonehouse assured members that these risks were well understood and subject to ongoing scrutiny.

Members were advised that the Board had secured £1.8 million of Scottish Government Invest to Save funding, which would support the development and delivery of improvement initiatives over a four-year period. The Chief Executive added that additional Scottish Government funding of approximately £6 million had been allocated from a national planned care fund to support improvements in waiting times and service recovery.

In discussion, assurance was provided that the savings programme had been subject to detailed scrutiny through the Performance Governance Committee. While recognising the challenge of delivering savings and efficiency improvements concurrently, management remained of the view that delivery of the savings target was realistic, although the position was dependent on maintaining focus on implementation and delivery throughout the year.

Outcome: The Board welcomed the comprehensive report to June 2026, noting the assurances provided and agreed that the financial position, associated risks, and planned mitigations will continue to be closely monitored through future reports.

8. Healthcare Governance (092/2026)

8.1 Healthcare Governance Committee

The Committee Chair, Linda Semple, provided a report on key areas of focus and scrutiny at the meeting held on 14 July and the approved minute from the meeting on 12 May 2026.

Outcome: Board Members noted the update and minute.

9. Board Governance and strategy

9.1 Board Committees' Membership (093/2026)

The Head of Corporate Governance, Shona McCulloch, presented proposed changes to Board committee membership. She advised that this was an interim review with a further review planned for October when the outcome from the current Non-Executive vacancy round would be known.

Outcome: Board Members approved the changes.

9.2 Area Clinical Forum annual report and Terms of Reference (094/2026)

The Board received the Annual Clinical Forum (ACF) annual report and Terms of Reference which was presented by the Medical Director, Crawford McGuffie, in the absence of Tom Hopkins (Chair of ACF).

The report highlighted key areas of work of the Board's Professional Advisory Committees with a focus on prevention, community-based care and the importance of earlier engagement to ensure clinical perspectives inform Board discussions and priorities. The Board recognised the valuable clinical and professional advice provided by the ACF and its contribution to supporting service planning, transformation and decision-making.

Outcome: Board Members noted the Annual Report and approved the Terms of Reference.

9.3 Communication and Engagement Strategy (095/2026)

The Director of Transformation and Sustainability, Kirstin Dickson presented the first annual progress report on delivery of the Communication and Engagement strategy 2025-28 covering the initial six months of implementation. The report highlighted positive progress across all eight strategic aims, with three rated Green and five Amber. Overall delivery was advised as remaining on track, with significant work undertaken to establish governance, frameworks, guidance and supporting tools required to embed a modern and coordinated communications and engagement approach.

Kirstin Dickson advised of strong progress in digital communications and engagement, including significant growth in NHS Ayrshire & Arran's digital reach, particularly through LinkedIn and social media channels, alongside expansion of accessible online patient information and British Sign Language content. Improvements to governance arrangements, patient information processes and website accessibility were also recognised as important achievements during the first year

The Chair welcomed the progress made and acknowledged the substantial amount of work completed in establishing the foundations for delivery. While recognising the improvements achieved, the Chair and Board members highlighted the importance of ensuring that patient, public and staff engagement continued to develop as a meaningful two-way process and suggested that broader engagement activity should be a particular focus during Year 2, embedding the engagement framework across the organisation and supporting wider participation in service redesign and transformation activity. Members emphasised the importance of ensuring engagement is a genuine two-way process and agreed that further consideration of governance arrangements and approaches to public participation would be taken forward.

Members also discussed the opportunities presented by artificial intelligence in supporting communications and patient information. It was noted that work was being progressed in partnership with Digital Services to develop appropriate governance arrangements and to consider the associated opportunities, risks and challenges. Members recognised that AI has the potential to play an important role in supporting future patient information developments and digital communications.

The Chief Executive highlighted the launch of the national *mycare.scot* application and advised that this may become an important channel for future patient communications and messaging. Members heard that national discussions are underway regarding personalised patient information, pathway-related communications and wider health improvement messaging through digital platforms, and that NHS Boards will be expected to align with emerging national approaches.

The Board took assurance from the progress reported to date, noted the priorities and risks identified for Year 2, and welcomed the continued focus on embedding communications and engagement approaches across the organisation and

strengthening patient, public and staff involvement in future service transformation activity.

Outcome: Board Members welcomed the Communication and Engagement Strategy report and were assured by the progress to date.

10. Audit and risk

10.1 Audit and Risk Committee (096/2026)

The Committee Chair provided a report on the key areas of focus and scrutiny from the meeting held on 23 June 2026, and the approved minute from 19 May 2026.

Outcome: Board Members noted the update and minute.

10.2 Risk Management Strategy (097/2026)

The Medical Director, Crawford McGuffie presented the revised Risk Management Strategy 2026-2029. The strategy was considered by the Audit and Risk Committee, which supported submission to the Board for approval.

Members were advised that the revised Risk Management Strategy did not represent a fundamental change in direction but strengthened and further developed the Board's existing risk management arrangements.

The Board welcomed the enhanced oversight arrangements for strategic risks, including quarterly reporting of the Strategic Risk Register to the Board in public and the Audit and Risk Committee, providing greater transparency and assurance.

Members noted the strengthened focus on risk appetite and risk tolerance, which will support more consistent decision-making, prioritisation and management of strategic risks across the organisation.

Greater emphasis is given to linking risk management, organisational learning and emerging themes from adverse events, complaints and workforce pressures.
An implementation plan is in place to support delivery of the strategy over the 2026-2029 period.

Outcome: The Board approved the revised Risk Management Strategy 2026-2029.

10.3 Strategic Risk Register (098/2026

The Medical Director, Crawford McGuffie presented the Strategic Risk Register advising members that this was the first public presentation of the Strategic Risk Register in its revised dashboard format, following detailed discussion by Corporate Management Team (CMT) on 27 July.

The board reviewed the current strategic risk profile, which comprised 18 strategic risks, including two risks supported for closure during the reporting period. Attention was given to the continued significance of financial sustainability and Emergency Department Crowding risks, together with those risks operating out with the Board's agreed risk tolerance. The Board received assurance regarding the robustness of

governance, scrutiny and reporting arrangements, with regular review of strategic risks being undertaken through the relevant governance committees and reported through the Board assurance framework.

Board members welcomed the dashboard format and commented that this was clear and provided a helpful overview of the Boards strategic risk profile. Members welcomed the enhanced summary information and revised risk descriptions ,which were considered easier to understand and provided greater clarity regarding individual risks. Suggestions were made to further improve the presentation, including combining elements of the dashboard and risk appetite tables to provide a clearer line of sight across risk ratings and appetite, and incorporating a clearer indication of whether risks were within or outwith appetite. The Medical Director welcomed the feedback and advised that it would be considered through the Risk and Resilience Scrutiny and Assurance Group.

Outcome: Board Members welcomed the dashboard format of the Strategic Risk Register and noted that this would be submitted to Board Quarterly. Reporting of strategic risks to governance committees would continue through the regular reporting cycle.

11. Staff Governance

11.1 Staff Governance Committee (099/2026)

The Committee Chair, Liam Gallacher provided a report on key areas of focus and scrutiny from the meeting on 30 July 2026 and the approved minute from the meeting held on 7 May 2026.

Outcome: Board Members noted the update and minute.

11.2 Whistleblowing Report (100/2026)

The Nurse Director, Jennifer Wilson presented the Quarter 1 Whistleblowing update and advised the Board on whistleblowing activity, investigation progress and staff engagement with Speak up arrangements.

It was highlighted that six contacts had been received during the reporting period, with three cases being progressed to formal investigation. Members were advised that the increase in contacts was viewed positively, reflecting growing awareness of, and confidence in, Speak Up arrangements. One concern with a potential patient safety impact had been escalated through the appropriate governance processes.

Members sought assurance regarding investigation timescales and staff awareness of whistleblowing arrangements. The Nurse Director updated that four investigations remained ongoing due to their complexity, with appropriate oversight and engagement arrangements in place. Members were also assured that whistleblowing awareness forms part of the employee induction process and welcomed the continued improvement in training compliance. The Board received assurance that concerns were being managed appropriately through established governance arrangements and that no referrals had been made to the Independent National Whistleblowing Officer during the reporting period.

Outcome: Board Members noted the Q1 assurance report.

11.3 Whistleblowing annual performance report for 2025/26 (101/2026)

The Nurse Director, Jennifer Wilson presented the annual report 2025/26 to Board for approval. This report consolidated information previously provided through quarterly updates and demonstrated compliance against the KPIs required by the Independent National Whistleblowing Officer (INWO).

Members were advised that 12 concerns had been raised through the Speak Up service during 2025/26, of which three progressed to formal whistleblowing investigations. Activity levels remained proportionate and comparable with those reported by other NHS Boards, providing assurance regarding accessibility and utilisation of the service.

In discussion, Members sought assurance regarding staff confidence in raising concerns and the effectiveness of arrangements to support a positive speaking up culture. The Nurse Director advised that iMatter results remained broadly stable and continued to indicate that staff generally felt safe to speak up. Members were advised that, while confidence in raising concerns remained positive, work continued to strengthen confidence that concerns raised would result in action. Assurance was provided that ongoing activity to promote psychological safety and a culture of openness remained a key focus.

Members sought assurance regarding governance arrangements, organisational learning and the timeliness of whistleblowing investigations. The Nurse Director advised that robust oversight arrangements remained in place through the Whistleblowing Oversight Group, reporting through the Staff Governance Committee to the Board, and highlighted ongoing awareness-raising activity, including Speak Up Week, staff training and communications promoting confidentiality, anonymity and a positive speaking up culture.

In response to questions regarding investigation timescales, Members were advised that this remained a challenging area, with the average investigation duration reflecting the complexity of cases and the requirement for approved extensions. The Nurse Director advised that timeliness remained a recognised national issue and that feedback had been provided through national channels regarding the current Stage 2 KPI. Members also received assurance that learning from whistleblowing cases continued to inform service improvement, including through engagement with the Independent National Whistleblowing Officer where appropriate.

Members sought assurance that feedback from individuals who had used the whistleblowing process was being captured and utilised to inform continuous improvement. The Nurse Director provided confirmation that user feedback continued to be actively encouraged and considered as part of ongoing organisational learning, strengthening understanding of the effectiveness of arrangements, and informing future developments.

The Board noted a forthcoming Whistleblowing Masterclass for Chairs and Non-Executive Directors scheduled for 3 September and that details of the event will be recirculated to attendees by email.

Outcome: **Board Members approved the report for submission to the Independent National Whistleblowing Officer**

11.4 Health and Care (Staffing) (Scotland) Act 2019 (102/2026)

The Nurse Director, Jennifer Wilson, presented the Quarter 1 Staffing Report for 2026/27 and advised the Board that all reporting requirements continued to be met. Members were informed that high-cost agency expenditure had reduced significantly compared with both the previous quarter and the same period last year, while overall assurance remained at a reasonable level, with improvement demonstrated across a number of duties. The report highlighted real-time staffing assessment and clinical leadership capacity as key areas requiring further improvement, with the continued rollout of SafeCare and strengthened action planning identified as priorities for 2026/27.

Outcome: **Board Members were assured by the progress made during Quarter 1, regarding compliance with the Health and Care (Staffing) (Scotland) Act and the management of the associated risks.**

12. For information

12.1 Board briefing (103/2026)
Board Members noted the content of the briefing.

12.2 Quality and safety Report – Mental Health services (104/2026)
Board members noted the report for assurance.

12.6 East Ayrshire Integration Joint Board (105/2026)
Board Members noted the minute of the meetings held on 18 and 31 March 2026.

12.7 North Ayrshire Integration Joint Board (106/2026)
Board Members noted the minute of the meeting held on 30 April 2026.

12.8 South Ayrshire Integration Joint Board (107/2026)
Board Members noted the minute of the meeting held on 13 May 2026.

13. Any other competent business

There was no other business.

14. Date of Next Meeting

The next meeting in public of the NHS Ayrshire & Arran Board will take place on Monday 12 October 2026 at 9.30am – IN PERSON

As per section 5.22 of the Board's Standing Orders, the Board met in Private session after the main Board meeting, to consider certain items of business.

Signed by the Chair, Lesley Bowie Date: 12 October 2026